

NEVADA EARLY INTERVENTION INTERAGENCY COORDINATING COUNCIL
May 17, 2007
MINUTES

ATTENDANCE

Interagency Coordinating Council Members Present:

Jerry Allen	Nevada Division of Welfare, Child Care Financing
Yvonne Brueggert	Nevada Disability Advocacy and Law Center
Alice Chernich	Sunrise Hospital
Dianne Farkas	Family to Family Connection, Las Vegas West
JoAnn Johnson	Nevada University Center for Excellence in Disabilities
Rhetta Dermody for Robin Kincaid	Nevada Parents Encouraging Parents
Joyce Larsen	Division of Child and Family Services, Early Childhood Mental Health
Pamela McKay	Division of Insurance
Johnette Oman	Northern Nevada Early Intervention Services
David Rovetti, Co-Chair	Parent Representative – Northern Region
Nancy Sileo	University of Nevada, Las Vegas, Dept. of Special Education
Rosa Waitman	Parent Representative – Southern Region
Sherry Waugh	Early Head Start
Richard Weathermon	Nevada Governor’s Council on Developmental Disabilities
Richard Whitley	Health Division

Interagency Coordinating Council Members Absent:

Keith Allred, Co-Chair	Nevada Department of Education
Myra Berkovits	Clark County School District Title I HOPE
Ann Bingham	University of Nevada, Reno, Dept. of Educational Specialties
Paula Crawford	Southern Nevada Early Intervention Services
Molly Hayes	Nellis Child Development Center
Chuck Duarte	Division of Health Care Finance and Policy
Carren Knehr	Parent Representative – Southern Region
Sheila Leslie	Assemblywoman, Nevada Legislature
Caroline Thomas	Nevada Division of Child and Family Services, CAPTA
Bodi Wallace	Parent Representative – Southern Region

Nevada State Health Division Staff Present:

Janelle Mulvenon, Bureau Chief	Bureau of Early Intervention Services
Wendy Whipple, Part C Coordinator	Bureau of Early Intervention Services
Brenda Bledsoe, Part C Staff	Bureau of Early Intervention Services
Cathy Robinson, Administrative Assistant	Bureau of Early Intervention Services
Edie King, Part C Staff	Bureau of Early Intervention Services
Iandia Poole, Part C Staff	Bureau of Early Intervention Services
Daniel Dinnell, Part C Staff	Bureau of Early Intervention Services
Melanie Whitney, Part C Data Manager	Bureau of Early Intervention Services
Allan Mandell, Program Manager	Northern Nevada Early Intervention Services
Martha Schott-Bernius, Program Manager	Nevada Early Intervention Services-Elko
Cheryl Means, Developmental Specialist IV	Southern Nevada Early Intervention Services
Randy Figurski, Developmental Specialist IV	Health Division
Christy Santoro, Developmental Specialist IV	Southern Nevada Early Intervention Services

Public/Guests Present:

Dave Luke
Yvonne Randall
Deborah Meinberg
Margot Chappel
Betty Sherwood
Nora Behrens

Department of Health and Human Services (DHHS) Consultant
Touro University Nevada, School of Occupational Therapy
Easter Seals of Southern Nevada
Head Start State Collaboration Office
Family Advisory Committee
Parent

CALL TO ORDER

David Rovetti, Co-Chair, called the meeting to order at 9:18 a.m.

Introductions and Announcements

Introductions were made in both Reno and Las Vegas. Dave Rovetti announced he and Diana, after six years of serving on the ICC committee, would not be seeking reappointment. Edie King presented D. Rovetti a gift in appreciation for the years of involvement and dedicated service he and Diana provided.

APPROVAL OF MINUTES

MOTION: Approve the minutes from the March 8, 2007 meeting as written.

BY: Pam MacKay

SECOND: Alice Chernich

VOTE: Motion Passed

REGIONAL PROGRAM UPDATE

Easter Seals

Deborah Meinberg, Child Development Specialist for Easter Seals of Southern Nevada (ESSN), stated their program has 43 active children and four children pending active Individualized Family Service Plan (IFSP) status. There are only a few children in referral status currently pending intake. ESSN has been working on finalizing contracts with service providers. D. Meinberg detailed the community activities, such as a spring fling, bunny hop at Easter, and a 5K run, which ESSN hosted for the benefit of the children and their families. She stated a monthly parent support group will be started soon. She also reported some staff members attended the Easter Seals national conference. When asked what challenges the program faced, she replied finding and scheduling with a qualified therapist.

PERFORMANCE DATA

3rd Quarter CLEO Report

Melanie Whitney stated this report is done quarterly, approved by Health Administration and then submitted to the Department of Health and Human Services (DHHS). It is also distributed to Legislative Council Bureau (LCB) and the budget analyst who use this report while making budget decisions. She explained the report is based on the total children served during a quarter. She pointed out that from state fiscal year 2004 (SFY04) to SFY07 our general fund allocation increased by 5.8 million which is a 71.6% increase. The number of children served had also increased since SFY04 and that this quarter's performance represents a 71.8% increase. M. Whitney noted the correlation between the increase in the money and the increase in children. She proceeded to give an overview of the charts provided stating the charts show where the program has been from SFY04 through SFY07. When BEIS became a bureau there were 1,142 children served in the first quarter and as of this quarter there have been 1,962 children served. In SFY04, there were 758 children in the referral process and 510 were waiting over 45 days. Compared to this quarter, where there are 332 children in the referral process and only 5 are waiting over 45 days. The quarterly performance data by program shows in this quarter there were 1,178 served by the Southern region, 626 by Northwest region, 109 Northeast region, 45 by ESSN and 4 by REM which reflects that this is their first quarter of receiving referrals. As of January 3, 2006, the vacancy rate was 26.7% and on April 12, 2007, the rate dropped to 3.5%. The comparison of numbers for children served with an IFSP was given. In SFY07, as of March 31, 2007, there were 2,523 as compared to SFY05 which was 2,423, and in

SFY06 2,515. M. Whitney continued by noting there were three times more referrals than children exiting the program. In SFY06, there were 2,321 unduplicated referrals compared to 2,819 during the first three quarters of SFY07, which is a 121% increase. A contributing factor to the increase in referrals is CAPTA referrals. CAPTA continues to grow and is approximately two and a half times more than last year. The total number of IFSPs over/under the 45 day timeline during this quarter was 447 IFSPs compared to the previous quarter of 369. 413 of these 447, which is 92.4%, were developed within the 45 days. When looking at SFY05 the program was at 9.3% in compliance of meeting the 45 days and now in the third quarter of SFY07 the program is at 96.1% which is a statewide percentage of 92.4% respectively.

3rd Quarter Regional/State Program Performance Data

M. Whitney explained this data table is used to report on items which need to be tracked on a quarterly basis. Under Part C the total number of children served in the first quarter of SFY07 was 1,725, during the second quarter 1,851, and in this the third quarter, 1,962. The total number of new IFSPs during this same time frame was 383 for the first quarter, 359 for the second, and 447 for the third. Total new referrals during the first three quarters are respectively, 889, 872, and 1,088. The number of children discharged with an IFSP for the first quarter was 290, in the second 280, and in the third 336. Total number of children discharged without an IFSP starting with the first quarter was 437, 551 for the second, and 600 in the third. M. Whitney stated the following numbers reflect the status of all referrals received during that quarter as of the last day of the quarter. The number of children referred to Part C who are waiting more than 45 days without an IFSP are 30 as of September 30, 2006, 35 as of December 21, 2006, and 5 as of March 31, 2007. On the same dates, the number of children served with an active IFSP was 1,435, 1,573, and 1,626 respectively. The average wait time from referral to initial IFSP date for children with an active IFSP as of the last day of each quarter was, 55.5, 50.2, and 45.9.

M. Whitney reported she revamped a CLEO chart after attending a meeting at the Director's office where all divisions present their versions of these reports and share ideas. It was not part of the CLEO submission. She stated she used the Nevada ✓Check Up CLEO report as her example because it had built into it the Governor's recommended forecast. She explained how the report was constructed and how the projections and the Governor's forecast relate. She noted BEIS forecasts from our budget show how many children can be served with the money that has been budgeted. A discussion of the gaps this report reveals in children to be served and the availability of funding took place. Richard Whitley explained how the budget works in a biennium system.

PROPOSED PART C REGULATIONS

75 Day Public Comment Period

Wendy Whipple stated proposed regulations were just released and explained the purpose of the regulations is to clarify the content of the law. Where the law specifies what needs to be done, the regulation helps determine how to implement the law. W. Whipple gave a brief background on the IDEA 2004 reauthorization and items which are being addressed that came from the reauthorization such as the six year State Performance Plan (SPP) and the annual report cards. She did note there was an unexpected proposed change the 45 day timeline. She explained that in the 2007 regulation the requirement is the 45 day timeline begins at the point of referral. The proposed regulation now is proposing the timeline begin at the point of parent consent. One of the reasons this was proposed is due to states reporting they are not meeting the 45 timeline when they cannot locate parents. W. Whipple remarked there is now language to define screening which has not been in the regulations before. This change is due to CAPTA requirements. Also, the use of public funds language was added which is related directly to Medicaid. She stated the Medicaid portion needs to be looked at closely for what the impact would be for families and programs that rely on Medicaid funding to fund services in our state.

W. Whipple suggested creating a committee, if any ICC members are interested, to look at the new regulations and prepare a comment letter which then could be submitted to OSEP on behalf of Nevada's ICC. Part C will also make comment on the regulations as well. With no committee interest voiced by ICC members, W. Whipple stated she will put together a briefing on what is happening nationally with the early childhood forums and the

legal analysis from different groups and disseminate it to ICC members. She remarked everyone can submit comment in writing as a private citizen and noted the closest public comment location will be in Portland Oregon.

**LEGISLATIVE UPDATE TO INCLUDE POSSIBLE DISCUSSIONS AND RECOMMENDATIONS ON:
AB394, AB525, SB124, SB220, SB368, SB377, SB378, SB411, SB458, SB525**

W. Whipple gave a brief summary of each bill and then asked opened the floor for comments or discussion.

AB394 makes an appropriation to the Division of Mental Health and Developmental Services (MHDS) of the DHHS to establish a pilot system to provide respite care for families of adults who are severely mental ill and children who are severely emotionally disturbed. It was noted this bill was passed through the Health and Human Services committee on April 6.

AB525 was addressed earlier in the meeting.

SB124 is about governing state personnel and independent contractors. This bill number was included inadvertently so no discussion took place on this bill.

SB220 revises provisions relating to programs and services for persons with disabilities. Richard Weathermon reported this bill is primarily a housekeeping bill to make changes to the Office of Disability Services (ODS). It combines a number of required legislative reports into simpler formats. It has passed the Senate Human Resources and Education Committee and the Assembly Health and Human Services Committee.

SB358 was discussed earlier.

SB377 is an Early Intervention bill. It was introduced to the Senate and has had a committee hearing. There are three elements which are to look at a proportioned amount of budgeted funds in EIS to go to community organizations, have an independent evaluation, and to transfer Part C into the Office of Disability or into the Director's office. The bill is now in second committee and will have to be reviewed by May 17, 2007. Yvonne Brueggert stated there is a webpage or blog disseminating information about the bill. It does not look like BEIS or NEIS has anything to do with the site but when she visited the site there was no disclaimer there. She remarked a lot of misinformation and scare tactics are being used and was wondering if there is any way it could be made clear BEIS nor NEIS has affiliation with the site. Janelle Mulvenon stated it is not authorized by the State or any component of the state. R. Whitley reported a legislator asked for an investigation related to the site and a preliminary investigation determined it was not created with any state equipment or created by anyone during state time. He explained there is no way to place a disclaimer on the website/blog. J. Mulvenon explained BEIS, as a matter of protocol, advised employees and contractors in January of the requirement of not being able to do any kind of lobbying on state time, with state resources. R. Whitley stated it is his understanding there is no intent to eliminate services. Y. Brueggert reiterated her concern of the assumptions the public will make when viewing the site and in finding a way to place a disclaimer.

SB378 states it limits the liability of certain non-profit organizations and their agents, employees and volunteers under certain circumstances. This bill is in second committee and in order to move forward it has to pass out of the committee by May 17, 2007. W. Whipple stated it relates to EIS in that it limits liability of non profit organizations that are contracting with the state.

SB411 makes an appropriation to the Bureau of Family Health Services (BFHS) through DHHS to fund diagnostic clinics for fetal alcohol syndrome (FAS). It was noted the bill is exempt because it has a fiscal note and has not been heard yet. The benefit to early intervention children if passed would be those children with FAS could go through the clinic.

SB458 makes appropriations to the DHHS for computer equipment and has not yet been heard.

SB525 makes appropriations for various programs relating to students who are deaf or hard of hearing. This bill is exempt. W. Whipple stated she and the Hearing Task Force looked at this bill, which pertains to the Department of Education (DOE) being able to use signing bonuses for their staff who are teachers for the hearing impaired due to the shortage of qualified teachers.

D. Rovetti asked about the status of the People First language bill which changes the terminology the State uses when referring to people with disabilities. R. Weathermon stated it passed one house, is out of the committee in the second house and on general file. It had unanimous support from the committee. Joyce Larsen reported that AB48 to declare the third week in April as Shaken Baby Syndrome awareness week also passed unanimously out

of both houses and went to the Governor who signed it into effect. She will bring a copy of the proclamation to the next ICC meeting.

RECOMMEND TO THE GOVERNOR THE APPOINTMENT OF THE FOLLOWING APPLICANTS:
BETTY SHERWOOD, NORA BEHRENS, SHANNON SPRINGER, KELSEY CARREON

W. Whipple stated in the past when the need arose to appoint new parents to the ICC recommendations from staff or ICC members were obtained. The recommended parent's name and information would then get forwarded to the Governor for appointment. At this time, there are four parents interested in participating on the ICC with only three positions vacant. Those vacant positions are the northeast parent position (rural representative), the new northwest parent position, which was created to get the 20% required between providers and parents, and with the resignation of the Rovetti's, their parent position. A letter of introduction from each applicant was included in the meeting packet. W. Whipple explained the ICC would need to propose their recommendations and those recommended applicant's names would be submitted to the Governor's office for appointment. Nora Behrens was present and requested to speak to the ICC. She introduced herself and spoke regarding her experience with EIS and her work within the community. W. Whipple reported Betty Sherwood is the only rural applicant and has indicated she is willing to travel to the northeast region if necessary to fulfill the obligations of the rural parent representative. W. Whipple explained how the regulations define parent since B. Sherwood is a grandparent who is helping to raise her grandchild who received EI services. It was noted her husband does work for the Health Division but not with EIS and he will not be involved in the ICC. Martha Bernius-Schott commented it is hard to get a parent who lives in the northeast to participate because of the transportation issue. She suggested if the meeting could be video conferenced to Elko it would eliminate the need to travel and therefore more convenient for rural parents to participate. W. Whipple noted a parent representative can serve until their child is 12 years old. In the current parent membership Bodi Wallace is the only parent with a child currently receiving services. All other ICC parent member's children are between the ages of four and eight. She asked for the ICC to consider whether they want a parent member who is also a consumer of EI services and reported that Shannon Springer's child is 7, B. Sherwood's grandson is 7, Kelsey Carreon's child just turned 3, and N. Behrens' child is still in the program.

MOTION: Recommend to the Governor the appointment of Betty Sherwood as a rural parent representative.
BY: R. Weathermon
SECOND: P. MacKay
VOTE: Motion Passed

MOTION: Recommend to the Governor the appointments of Shannon Springer and Nora Behrens as northwest parent representatives.
BY: R. Weathermon
SECOND: J. Johnson
VOTE: Motion Passed

A recommendation was made to appoint an ICC nomination committee the next time a situation such as this arises with multiple vacancies and multiple applicants. The nomination committee would review the applicants' information and then present their recommendation to the ICC for a vote.

PART C REPORTS

Discussion of the OSEP John Hill Part B Medicaid Letter, Dated January 23, 2007, Regarding Parental Consent Prior to Billing Medicaid and Possible Ramifications for Nevada

W. Whipple stated Robin Kincaid asked for this to be addressed again on whether this letter would have impact on Part C services. This letter is clearly specific to Part B regulation and at the time it was written Part C did not have new regulations. She remarked there is language in the proposed new regulations around use of public funds for Part C services and comments can be made on this in the 75 day public comment period. It should be noted the law mandates Part C be a multi funded program which includes looking to Medicaid as a funding source and in

the state budget there is a line item that requires BEIS to collect Medicaid revenue. Y. Brueggert added she understood this letter to be more about parent consent and the parent's involvement in this particular vein. W. Whipple agreed that when reviewing the Part C regulations there are some recommendations around parent consent. She continued by explaining how Medicaid looks at billings and the possible effects it can have on the families in regards to finances and the services they receive. There is a conversation with parents regarding Medicaid at the IFSP meeting. The exception to this would be if the family is part of the Katie Beckett program which can raise complicated issues around this topic.

Program Monitoring

E. King gave a review of the monitoring process which included a handout showing the monitoring cycle. Each program is going through or completing one phase of the monitoring process each year. She described each phase stating the data collected is used to complete the State Performance Plan (SPP) and the Annual Performance Report (APR). The findings from these reports are used to create corrective action plans when needed, to provide information on the strength and challenges of each program, and where technical assistance (TA) is needed. In addition to the three year monitoring schedule, focused monitoring is done on an as needed basis. In the past, focused monitoring has included topics such as transition and timely services. Programs submit corrective action plans when they are out of compliance with any item which is due 30 days after the report of the findings and they also submit quarterly progress reports. E. King explained where each program including the community providers are currently on the monitoring schedule.

Easter Seals is in their first year and has been providing services. The monitoring schedule shows that a TA review was done in January. During this TA, the Part C Office did record reviews, provided information regarding compliance issues, and identified what TA was needed. In April, a comprehensive review was done. REM has just begun providing services and their first TA review is scheduled to be done in August.

Regional Child Find Quarterly Reports

Brenda Bledsoe reported she has been working with the Child Find Committee in conjunction with the state Child Find Plan. She discussed the categories reflected on this report noting these are recommended by the national center for quality in child find systems. After reviewing several versions of this report, the child find committee agreed this format is the most informative. All regions and the Part C office can look at this report and see where the focus is. She then explained how the report reflects what is being done in each of the regions and how it is a way to stay on track with what is in the statewide plan. She stated she reviews this report along with the monitoring reports and corrective action plans submitted by the regions for the year to see if what they have proposed or how their activities are coordinating with what they stated in the corrective action plan. No direct correlations can be made but referrals have increased.

DISCUSSION ON "FEE OR NO FEE" ARTICLE FROM NECTAC NOTES AND DETERMINATION OF ICC'S POSITION REGARDING CHARGING FAMILIES FOR EI SERVICES

D. Rovetti stated he requested this agenda item because he thought it would be a great proactive measure in case the issue of charging families or deciding to charge families for services is brought up. After reading the article, he created a draft resolution which basically stated that before any type of discussion or implementation of a FCP family cost participation plan began, a broad based participatory process is put in place to gain ideas and recommendations, which will result in an effective and responsible plan. W. Whipple gave a brief history on this issue. She related the issue is resurfacing because more states are in budget crisis. Currently, about 78% of states have incorporated some form of fee for service. As for Nevada, neither the legislature nor Governor has endorsed a fee at this time. After a brief discussion, the ICC members agreed that they would not like to see any families charged for early intervention services but were not in favor of creating a resolution at this time.

MOTION: After reviewing all relevant information presented, the ICC's position is determined to be that it does not want Early Intervention Services to charge fees for providing services to children.

BY: Y. Brueggert

SECOND: R. Waitman

VOTE: Motion Passed

AUTISM SPECTRUM DISORDERS

Services in Rural Areas

Y. Brueggert reported she was contacted by a support group in northeast Nevada who had several families with young children who are suspected of having Autism Spectrum Disorder. The families reported they had attempted to get an assessment or diagnosis assistance early intervention services but were informed there were no providers available. Y. Brueggert stated she confirmed the report and believes this to be a serious problem. If comprehensive assessments are going to be done as required under Part C regulations, base a child's IFSP on the assessments or their present levels of functioning, and address their unique needs, then access to providers are essential. W. Whipple validated Y. Brueggert's statement and added at this time the rural region does not have the capability of diagnosing autism because of the lack of individuals who can make the diagnosis such as psychologist, clinical social worker, or doctor with specific training in Autism. However, our obligation is to address the needs of the child whether they have the diagnosis or not. So if the child needs behavioral intervention, sensory intervention, communication intervention, or social/emotional intervention NEIS plans to address those needs. Martha Bernius-Schott stated there are NEIS staff that have been trained but the challenge is that insurance companies and the Katie Beckett program require someone who has a PhD or MD to provide the diagnosis. NEIS staff will screen the child and write the IFSP according to the child's needs but families will have to travel out of town to get the diagnosis. This happens with any disability or special need because it is the nature of rural Nevada. Transportation is a major issue even though our program does try to help parents by providing transportation funds if needed. She reported the University of Nevada, Reno (UNR) is trying to put together a traveling unit to be able to provide these services.

Y. Brueggert stated her concern was not that the program was not doing a good job because it does a fantastic job but that there are not sufficient providers in northeast Nevada and not enough support. She continued by remarking if resources are not available for that region, how should that be addressed to better serve that population. R. Figurski stated the main focus of his position with the Health Division is to address autism issues across the state. One of the things currently in the discussion phase involves the northeast area, specifically Elko, where he is trying to bring training services. To accomplish this he is proposing to bring in Dr. Joanna Fricke to work with the medical practitioners and provide training on diagnosis of Autism. He also clarified that autism is diagnosed by observation and it does not take a PhD or an MD to do the workup which leads to a diagnosis. The Autism Coalition of Nevada (ACON) is supporting the use of a double wide van with multimedia capacity to visit Elko in mid-July to provide training and diagnosis services.

Percentage of Children with Autism Spectrum Disorders Dave Luke, a health care consultant for the DHHS, stated he retired from MHDS a year ago where he was the associate administrator for developmental services and was present to speak on Autism options and legislative actions pertaining to Autism. He provided a brief synopsis of autism activities in legislature over the last ten years and the history of a decision unit currently being reviewed. He provided a matrix handout summarizing the details of a pilot program currently running in the Developmental Services Regions. This program was designed as a self directed program where families with children, ages 2 through 8 with Autism, would receive \$1,100 a month for services for their child. He states there is a decision unit currently in the legislative process that would enhance this program threefold. It would serve the 24 families currently on the waiting list of the pilot program, to phase in additional growth, and to increase the monthly rate for services to \$1,320. D. Luke reported the decision unit made it through Budget last week.

A discussion of autism statistics took place. Nancy Sileo cautioned members to be very careful about the numbers being promoted by Autism Speaks.org and similar organizations because the difference between the percentages associated with the number being served versus the percentage associated with the total population are not being identified. W. Whipple added the 1 in 150 statistic is based on the eight year old population and it is not yet known what the statistics are in terms of the rate of referral for children under the age of three. R. Figurski stated the Center for Disease Control and Prevention (CDC) is who provided the latest figure of 1 in 150. He

explained the reason the CDC uses the eight year old age group is because younger ages are not being reported on the documents they receive from states. He emphasized that it is not because autism does not exist at younger ages but it is recognition, that as states, we are not doing our job across the nation in finding children at those early ages.

STANDING ICC COMMITTEES

Parent Legislative Education Committee (PLEC)

Y. Brueggert reported the committee has not had an opportunity to meet since the last ICC meeting. She also mentioned there has been no progress made on combining the PLEC and Family Support Resource Committee because the committee chairs have not had an opportunity to meet to work out the details of the merge.

Child Find Committee (CFC)

J. Johnson stated they have not met since the last ICC meeting but the next meeting is scheduled for June 25, 2007 with one of the goals for the meeting is to talk about a fall event.

Family Support Resource Committee (FRSC)

- Biennium Parent Conference Proposal

R. Waitman reported the dates of November 16 and 17, 2007 have been secured at the University of Nevada, Las Vegas (UNLV) for the Family First Conference. She remarked Dr. Catherine Lyons was very helpful in securing the venue. She stated contracts will be signed in June and a budget has been put together. A new fiscal agent has been obtained because the original fiscal agent had staffing issues. Fred Schultz of Positively Kids was kind enough to take on the job and they will also be helping with child care for the conference. The committee is now working on a logo and planning the rest of the conference. R. Waitman gave kudos to the ICC, Developmental Disabilities (DD) Council, who is providing the keynote speaker, Dr. Stan Kline, and UCED for their sponsorship. D. Dinnell stated a call for presenters was issued and to whom it went to. He also gave a brief description of Dr. Kline's background noting he is better known on the east coast than the west. R. Waitman provided a possible list of topics to be covered at the conference. She reported they are hoping to use American Sign Language interpreters. They are also looking for Spanish speaking presenters so as to eliminate the need for language interpreters.

CHAIRMAN/MEMBER ITEMS

ICC Parent Representative meeting update

D. Rovetti stated a meeting was held two weeks ago to go over the agenda for this meeting. They also discussed the private providers programs and had questions regarding what happens when a program does meet standards after going through a review. E. King replied, as with any program, the monitoring report will be reviewed with that specific program including all the findings. They will then be required, within 30 days of the receipt of their report, to develop a corrective action plan and submit it to the Part C office. The corrective action plan will be reviewed and TA assistance will be identified. For any item of non compliance, that program will have one year from the date of the receipt of the report to become compliant.

D. Rovetti noted that B. Wallace still had an interest in forming an ICC finance committee. He explained the committee would learn how EIS is funded and make recommendations to the ICC on how to educate the membership on the budget process. He then asked if there were any ICC members interested in participating on this subcommittee. Members show no interest in participating at this time. J. Mulvenon stated she and Gary Oehlert, BEIS ASO, would entertain the opportunity to meet an ICC committee on a quarterly basis before the regular ICC meetings to brief them on the budget and answer any questions they might have. The committee could then provide an update at the ICC meeting. It was decided the issue of creating a finance committee will be tabled until the next meeting.

Schedule Future Meetings

- September 6, 2007, at 9:00 a.m. in Las Vegas via Videoconference – Locations: NEIS 1161 S. Valley View, Las Vegas, and NEIS, 2667 Enterprise Road, Reno
- November 15, 2007, at 9:00 a.m. in Reno via Videoconference – Locations: NEIS 1161 S. Valley View, Las Vegas, and NEIS, 2667 Enterprise Road, Reno.

Agenda Items for Next Meeting

The following items were suggested for the next meeting:

- Rural Program Update
- Southern NEIS Emotional/Social Program
- Update on Parent Conference
- Creation of a finance committee
- Plan the ICC strategic planning meeting
- Appointment of the Co-Chair
- Legislative update
- Monitoring
- Bylaw changes – Co-Chair
 - Change the timeline for getting the agenda to co-chairs
 - Change strategic meeting to every two years

PUBLIC COMMENT

No public comments were given at this time.

ADJOURNMENT

Co-Chair D. Rovetti adjourned the meeting at 12:50 p.m.